WINGS WEEKEND PILOT REGISTRATION

NAME			
ADDRESS			
CITY	STATE	ZIP	
PHONE (OPTIONAL)			
PILOT CERTIFICATE TYPE			
MEDICAL CLASS	EXP DATE_		
DO YOU OWN AN AIRCRAFT: YES	S NO		
AIRCRAFT TYPE		N-NUMBER	
WHICH DAYS ARE YOU PLANNING			
FOR PLANNING PURPOSES INDICAT	TE WHICH DAYS	YOU PLAN TO STAY FOR	DINNER
FRIDAY EVE () (This does not const	titute a commitment	<u>t</u>)	
IDOT Division of Aeronautics Attn: Carol Para 1 Langhorne Bond Drive Springfield, Illinois 62707 Or email to <u>Carol.Para@illinois.gov</u>	<u>v</u>		
Pile During participation in the WINGS pit to act as pilot in command in accordant Command". I also understand that my of the flights that I make as part of this	nce with 14CFR 91 flight instructor w	vard program, I understand to 1.3 "Responsibility and Au	thority of the Pilot in
I currently possess the certificates and to fly the aircraft that I intend to use in the recent flight experience requirement aircraft.*	n the WINGS pilot	t proficiency award program	n. I certify that I meet
I also certify that the aircraft that I interequired inspections. I understand that airworthy condition before any flight a required by 14CFR 91.103 prior to any	t it is my responsib and that it is also n	bility to determine that the a my responsibility to conduc	ircraft is in an the preflight actions
I also agree not to carry any passenger WINGS pilot proficiency award progr	_	ing that I do during my part	icipation in the
Signature		Da	te

^{*}Signature not required when renting aircraft and utilizing aircraft from Central Illinois Air